

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005345 (3)

1. Corporation Name

BOCA RATON BOBCAT BOOSTER CLUB, INC.



Principal Place of Business

Mailing Address

1501 NW 15 CT.
BOCA RATON FL 33486
US

P.O. BOX 1042
BOCA RATON FL 33429-1042

3. Date Incorporated or Qualified

10/27/1994

4. FEI Number

65-0534421

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BLACK, JAMES T
898 S.W. 18TH STREET
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

BRUCE P. BARSALONA - DP

82 Street Address (P.O. Box Number is Not Acceptable)

1835 S.W. 17TH ST.

83

84 City

BOCA RATON

FL

85

Zip Code

33486

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

BRUCE P. BARSALONA - PRESIDENT

7/30/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	ZAWISCAK, WALTER E.	
STREET ADDRESS	7601 MARTINIQUE BLVD.	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BARSALONA, BRUCE	
STREET ADDRESS	6001 N. FEDERAL HWY.	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, JOSEPH	
STREET ADDRESS	1124 SW 18TH ST.	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMITH, WARREN	
1.3 STREET ADDRESS	6866 BIANCHINI CIRCLE	
1.4 CITY-STATE-ZIP	BOCA RATON, FL 33486	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STOMPELBEIN, GENE	
2.3 STREET ADDRESS	800 S.W. 20TH ST.	
2.4 CITY-STATE-ZIP	BOCA RATON, FL 33486	
3.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BELLO, SHELLY	
3.3 STREET ADDRESS	725 N.W. 6TH ST.	
3.4 CITY-STATE-ZIP	BOCA RATON, FL 33432	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, or on an attachment with an address.

SIGNATURE:

[Signature] BRUCE P. BARSALONA

7/30/98

561 997-8272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)